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ABSTRACT

The teacher consultant's role in working with regular classroom teachers of students with mild to moderate learning or behavior problems is examined. The three-party interaction network in consultation is discussed along with five models of consultation: the expert model, the medical model, the mental health model, the collaboration model, and the advocacy model. In addition, four major perspectives from which the consultant can approach situations are considered: (1) client-centered, (2) consultee-centered, (3) program-centered, and (4) administrative-centered. Steps in the consulting procedure are reviewed as are problem solving approaches growing out of the consultation. Specific skills needed by teacher consultants are listed along with consultant roles and responsibilities (including master teacher, communicator, group leader, and administrator). Five appendices provide outlines and guidelines for applying consultation skills. (CL)

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Teacher Consultation Skills

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RUNNING HEAD: TEACHER CONSULTATION SKILLS

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Abstract

Teacher Consultation Skills

The purpose of this presentation is to describe the role of the teacher consultant. The presentation is designed for those special educators who will assist the regular classroom teacher in adapting materials and procedures to meet the needs of those students experiencing mild to moderate learning or behavior problems. Few teacher training programs provide indepth information about, or the development of, the skills needed in consultation. If there is such information available, far too often, the emphasis is on counseling, and not on consulting. This presentation is totally directed to consultation skills and the application of these skills.

The design of the teacher consultation model draws not only from the field of education, but also from business, medicine, mental health, and industrial professions. Professionals, such as business consultants, county demonstration agents, and grant preparation specialists have developed such skills. The need for consultation skills to be developed for special educators is evident. If they do not have answers to questions asked, they must be able to know where to go and from whom to seek out alternative solutions. They are often called upon to work difficult situations, to provide teachers and principals with information needed, and to be the "expert in residence". Usually these responsibilities are carried out with no professional training whatsoever. This presentation will provide knowledge and information in this area for the special education teacher.

The teacher-consultation process presented involves three basic components: 1) What To Do - the models, perspectives, methods, skills, and approaches to consultation; 2) How To Do It - The communication process; and 3) What To Say - Curricular and behavioral recommendations, planning, implementation, and evaluation.

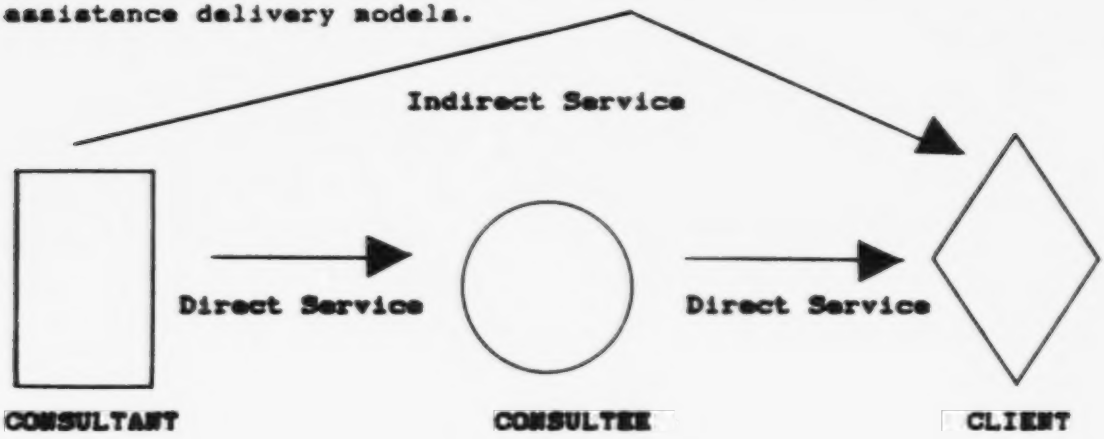
This presentation places the greatest stress and provides the bulk of the instructional materials on the area of consultation, communication, and the development of these skills. While these areas are the foundation for the consultation process, these are the very subjects that most teachers have had little or no exposure to and prior training in. For this reason, the emphasis must be placed here.

Teacher Consultation Skills

The consultation process, discussed in the broadest of terms, is simply an exchange of ideas and professional advice. Consultation involves an interpersonal relationship in which an individual, or an organization, seeks professional services with the expectation that the consultative intervention will help solve work-related problems. The consultee may accept or reject any findings or suggestions and may terminate the relationship at any time (Gallessich, 1974). Although any type of consultation involves personal interaction, consultant expertise and problem-solving components, the goals and methods differ according to the approach.

Consultation can often be distinguished from other forms of personal interaction because consultation usually involves a three-party network of interaction. This three-party network is composed of the consultant, the consultee, and the client. The client can be an individual, a small group of individuals or an organizational department or system. The client is the person or organization with the problem. (In school situations, the client is normally the student.) The consultee is the person trying to solve the problem (usually the regular classroom teacher), and the consultant is the person asked to help the consultee solve the client's problem (Kurpius & Robinson, 1978). The consultant provides direct service to the consultee but only indirect service to the client. The consultee is responsible for any direct service to the client. This three-party interaction model provides

the fundamental difference between consultation and other assistance delivery models.



Three-Party Network In Consultation

Although numerous definitions are available to explain consultation, the process is frequently misunderstood and often confused with other procedures. Conoley and Conoley (1982) as well as Brown, Wyne, Blackburn and Powell (1979) stressed that consultation is not counseling or psychotherapy, education or teaching, supervision, program development, or professional collaboration. While all these procedures emphasize helping people adjust by opening up new alternatives, facilitating behavior change, and developing beneficial relationships, there are distinct differences. First, counseling and forms of therapy provide direct service to the client, whereas consultation provides direct service to the consultee who will assist the client. Second, therapy and counseling tend to probe the client's emotions, present and past. Consulting is limited to work-related problems and rarely deals with the emotional history of the consultee.

Consultation is characterized by an agenda developed by

the consultee and consultant and not set by any external person or system. The consultant's immediate purpose is to solve the problem within the framework of the consultee's usual professional functioning. Enhancement of existing skills and independent future application of problem-solving skills are the consultant's long-term goals.

Consultation, regardless of the focus or discipline, can be considered an embodiment of Bindman's (1959) five basic tenets:

1) The consultation process is based upon a human relationship characterized by mutual emotional and intellectual involvement.
2) The consulting relationship is one entered into primarily for the benefit of a third party.
3) The consultant is more knowledgeable than the consultee, as he or she is expected to provide the assistance.
4) The consulting relationship occurs in the consultee's professional setting, not the consultant's.
5) The consultant's primary goal is facilitating a solution for the immediate problem. The consultant's secondary goal is the education of the consultee so that he or she may function independently in the future.

Consultation is commonly used in a wide-range of professional disciplines, including: business and industry, medicine, law, social work, agriculture, communications, and education. Models of consultation vary within each of these

particular domains. There are, however, five models of consultation that are recognized throughout the literature.

When considering the characteristics of these models, what must be examined is the differences between and among them, and the possible value of their application (Gallessich, 1974). These include: (a) the value orientation; (b) the target for change; (c) the operational level; (d) the consultative method, and (e) the role of the consultant.

The Expert Model of Consultation is based upon the theory that the consultant, "an expert in the field", can solve a specific problem by bringing a high level of knowledge and/or skill to a troublesome situation. The expert is usually an outside consultant, brought in to assist the consultee in dealing with a particular client(s), organizational problems, or program development. The expert model is primarily diagnostic-prescriptive. After the consultee has identified the problem, the consultant probes the situation, develops a plan, and advises a solution to that problem. Typically, the consultant is not involved in the implementation of the remediation strategies and provides little or no follow-up (Brown, Wyne, Blackburn, & Powell, 1979).

The Medical Model of Consultation is another diagnostic-prescriptive approach. In much the same way as a physician, the consultant collects and examines extensive data about the situation, determines the client's problem and recommends a course of treatment to solve that problem. The consultee is again responsible for implementing the recommendations made

to benefit the client. But, unlike the expert model, the consultant may continue to offer further advice to the consultee (Babcock & Pryzwansky, 1983). Teachers will quickly recognize typical psychological consultation as an adaptation of common medical practice. The emphasis is placed on diagnosing the problem within the student or organization and in prescribing a "cure". It is assumed that the diagnosis is valid and that the recommendations will be implemented by the consultee. The consultant assumes an authoritarian role (Gallessich, 1974).

The Mental Health Model in consultation, evolving from the public health movement of the 1950's, provides direct services to the consultee, rather than to the client, and is intended to increase consultee coping skills (Gallessich, 1974). The consultant seeks to extend the knowledge and skills of the consultee in hopes of preventing mental illness. Mental health consultation requires a great deal of consultant skill and unfortunately, there are inherent weaknesses in this model. The consultee with the greatest need may resist using the consultant's services. Urgent problems may have variables beyond the consultee's control. It is also extremely difficult to measure the amount of generalization that actually takes place.

The Collaboration Model involves consultation between a consultant and a consultee who are considered to be "equal partners" in the process. The goal of the consultant is to work with the consultee to identify the problem, plan an intervention strategy, and implement the recommendations.

The consultant and the consultee have joint responsibility for the following: (a) problem identification; (b) suggesting intervention recommendations; (c) implementing recommendations: (d) continuous follow-up; and (e) modify intervention as necessary. Pryzwansky (1974) outlined the basic structure of the collaborative approach and emphasizes the need for mutual consent on the part of the two professionals involved, mutual commitment to the objectives and a means of resolving an agreed upon problem. This approach provides for joint development of an intervention plan and assumes a shared responsibility for implementation and evaluation of that plan.

The Advocacy Model of consultation is based upon the assumption that power equalization through overt political negotiation and direct action is necessary to bring about social change (Gallessaich (1974). The client is the "community" and not the established organization. The consultant serves the client directly as a trainer and catalyst and indirectly as an advocate with organizational representatives. It may be argued that advocacy is at the root of all consultation models. Whenever a consultant assists a school, business, organization, or agency in solving client or organizational difficulties, the consultant is, in fact, facilitating the consultee's goals and directly or indirectly supporting a set of political values. The underlying theory of advocacy consultation is based upon the notion that people will change if: (1) their resources will be increased by the change or (2) their resources will be

reduced if they do not change (Conoley & Conoley, 1982). The position of advocacy consultant can be extremely difficult as the individual must combine the essential consulting skills with great expertise in organizing people and publicizing resources.

Within any model of consultation there are patterns of human interaction which delineate the processes operating within those relationships. A consultant must be aware of and understand the various types of processes in order to properly monitor and evaluate the consulting situation. Behavioral consultation stresses the importance of the learning environment and the mastery of prerequisite skills necessary to complete academic tasks at the current level of expectation (Bergan, 1977; Mercer & Yaseldyke, 1977). On the other hand, process consultants are rarely content experts. Instead, they focus on interpersonal processes such as communication and decision making. The role of the consultant in trainer consultation is basically one of information-giver and instructor. This is the simplest form of consultation, as it does not require adaptation to meet individual consultee needs (Gallessich, 1974). In program consultation, the consultant is responsible for implementing projects within the program consultation process. In the educational setting, program consultation has increased in response to federal funding guidelines. Program consultation requires active consultant involvement and support over lengthy periods of time (Sarason, 1971).

There are also a variety of perspectives, or viewpoints,

from which the consultant can approach a particular situation. The perspective determines the target of change in consultation, the procedures used, and the intervention strategies planned. Caplan (1970) proposed four major perspectives in a typology of consultative approaches: (1) client-centered case consultation; (2) consultee-centered case consultation; (3) program-centered administrative consultation; and (4) consultee-centered administrative consultation. The following examples may be helpful when comparing the four perspectives from which consultation may be approached.

- **Client-Centered Consultation:** The consultant helps the regular classroom teacher plan a program for a mildly mentally retarded student that is mainstreamed in his or her class.
- **Consultee-Centered Consultation:** The consultant helps the regular classroom teacher deal with negative, rejecting attitudes toward a mildly mentally retarded student in his or her class.
- **Program-Centered Consultation:** The consultant helps the school administrator and/or teacher consultee consider the benefits of open classroom procedures or adaptations in the grading system for a mainstreamed mildly mentally retarded child.
- **Administrative-Centered Consultation:** The consultant works with the regular classroom teachers at a particular grade level to understand and resolve their differences in how mildly mentally retarded students

should be placed, managed, and instructed at that grade level.

The use of consultation has increased dramatically in the field of education. The mandates of PL 94-142, accountability issues, heightened parent involvement in public education, and funding conflicts have led school administrators to seek new and improved approaches to meeting student needs in the most time and cost effective manner. Consultation, with a solid foundation and impressive track record in business and industry, is now establishing a firm foothold in education. Operational educational consultation models are typically made-up of various components of the collaboration model and may include aspects from other common models of consultation, as well. Individual approaches to consultation are developed to meet the specific needs and requirements of a particular school system or educational setting. In developing an appropriate consultation model for use in a particular situation, the consultant is advised to consider many factors. Determining the consultation model, the level of service or perspective, and outlining the basic assumptions, focus, and purpose are essential when designing a workable approach to consultation. Other considerations include: exact job description and district requirements, number of schools and students to be served, ages and grade levels of students, distances between schools, time available for consultation, cost and time efficiency, school organization, and existing interpersonal relationships.

Brown, Wyne, Blackburn, and Powell (1979) described seven basic goals of consultation in educational settings. These goals include: (1) psychological development of students; (2) improved use of resources; (3) development of consultee skills; (4) increased communication among professionals; (5) enhanced human relations; (6) organizational change; and (7) improved academic achievement of students.

The actual consulting process is a complex procedure through which teachers, parents, principals, and other adults significant in the life of a child communicate. Pasanella and Volkmor (1981) described the consultant's role as helping teachers to perform the following functions: (a) recognize and define needs; (b) diagnose problems and set objectives; (c) acquire relevant resources; (d) design solutions; (e) implement solutions; and (f) evaluate solutions. Consultant skills in communication and in building relationships are essential in successful consultation. Confident use of these skills will enable the consultant to effectively meet the demands of his or her role.

The consultation process may best be viewed as a five step procedure: (1) establishing the relationship; (2) diagnosis; (3) awareness and motivation; (4) problem-solving; and (5) implementation of alternatives, evaluation, and withdrawal (Brown, Wyne, Blackburn, and Powell (1979). (See Appendix A).

Communication is the basis for establishing a consulting relationship, as it is in all human relationships. The consultant must be able to hear what the consultee is saying and communicate clearly to that individual what is being

heard. Open communication, a nonjudgemental attitude and mutual trust are vital.

Diagnosis, in the simplest sense, is an attempt to understand the consultee's present situation and generally involves the development of a working hypotheses used to develop a plan of action (Havelock, 1973). It determines the exact content of the consulting process. The consultant must have broad-based knowledge in instructional processes, assessment procedures, human behavior, and learner characteristics to adequately assess the wide range of problems present in school settings.

Once a diagnosis has been made, an awareness of the need for action and motivation to act must be fostered. Barriers to awareness and motivation may include teachers' resistance to personal and/or procedural changes, prinicpals' unwillingness to provide support and/or accept responsibility, or a general reluctance to commit the time and effort necessary to deal effectively with a particular problem. Bindman (1959) indicated that by providing data showing need, helping groups set priorities and goals, and demonstrating personal enthusiasm, the consultant may encourage action.

Once the consultant and consultee/s have decided that action is necessary, the alternatives must be outlined and a suitable plan devised. Ideally, solutions to problems should be a natural outgrowth of consultee objectives previously defined. Conoley and Conoley (1982) outlined this typical seven-step problem solving strategy. (See Appendix B).

1. Problem Formulation/Identification - State the problem and set goals.
2. Brainstroming - Consider all ideas to achieve goals.
3. Evaluate Ideas - Narrow them down according to a set criteria, prioritize, forecast consequences.
4. Integrate Ideas - Develop strategy - Assign roles
5. Implement Plan
6. Evaluate Outcomes - Strengths, weaknesses, goal achieved?
7. Redo/Revise

Problem solving is a fundamental consultant skill with two distinct dimensions. First, the consultant is responsible for guiding consultees through the steps of the problem solving process, hopefully toward resolution of their particular problems. This involves helping them to identify their needs, to consider alternative ways to solve their problems, to weigh the pros and cons of the possible options, to select the most feasible solution, and to evaluate their problem solving efforts (Hepworth & Larsen, 1982). The second, and perhaps most important, consultant role is that of teaching the principles of problem solving. Ideally, this skill will generalize, thus allowing the consultee to deal more effectively and possibly, independently with future problems (D'Zurilla & Goldfried, 1971).

After a plan of action has been developed, the consultant and consultee implement that plan in a collaborative effort. The consultant identifies resources, helps make process evaluations, and provides many types of vital support.

Although the consultant should take as active a role as possible, the consultee must take the lead during implementation. Initiation of organizational change or individual practices should be done tentatively, and on a small scale. Evaluation procedures should be planned before initial implementation and are an integral part of the entire implementation phase. Once the intervention strategy or organizational change demonstrates success, the consultant can begin to withdraw from that particular case. The consultant must make it clear to the consultee, from the outset, that once a problem solving plan is effectively in place, consultation services will be terminated (Brown, Wyne, Blackburn, & Powell, 1979). Failure to withdraw may result in consultee dependence. This, in turn, prohibits the consultee from gaining the necessary knowledge and/or skills needed to function independently in the future, undermining a major purpose of consultation.

The major part of a consultant's role involves interaction with regular classroom teachers and other professionals directly involved with planning and implementing programs for children. Good consulting depends on effective communication and the application of polished communication skills when dealing with others.

Actual communication is a two-prong process involving the sending and receiving of messages and the accurate relay and perception of those messages (Huse & Bowditch, 1973). Verbal, nonverbal, and behavioral communication are all significant components of the process. Specific communication skills

needed by teacher consultants include: (a) attending behaviors; (b) observation skills; (c) questioning techniques; (d) listening skills; (e) problem-solving skills; (f) feedback and confrontation skills; (g) influencing skills; and (h) desirable personal qualities (Pasanella & Volkmor, 1981).

Attending behavior is considered a foundation for the communication process and consists of four specific subskills including eye contact, attentive body language, vocal qualities, and verbal tracking. The four attending behaviors have a common goal: to reduce consultant talk-time and provide the consultee with an opportunity to talk and examine issues concretely and in detail (Ivey, 1983).

Through careful observation of consultee verbal and nonverbal behavior and pinpointing possible discrepancies between the two, the consultant receives extensive data that can provide the central focus for the problem-solving process. Such discrepancies often represent a conflict that may lie at the heart of the problem. Once the discrepancy is isolated, identified, and understood, the consultant has made a major step toward helping the consultee solve the problem (Ivey, 1983).

The ability to make use of efficient and appropriate questioning techniques may often help determine the consultant's success. Questions are used to begin the interview, to focus and clarify the issues, to gather useful information, to provide positive direction, to encourage the consultee in self-exploration, and to foster problem-solving

strategies (Hepworth & Larsen, 1982). Questions are described as "open" and "closed" and serve separate purposes. Questions that cannot be answered with a few word simple words are open-ended. This type of question encourages others to talk and provides the greatest amount of information. Close-ended questions are those that can be answered with "yes", "no" or in a few short words. This type of question will focus the discussion and obtain specific, though limited, information. Awareness of how and when to employ each techniques is fundamental to the questioning process.

Good listening is a combination of the nonverbal attending skills and specific verbal skills. The verbal components include acknowledging, reflecting, paraphrasing, summarizing, clarifying, and elaborating (Conoley & Conoley, 1982). Skills in really hearing what a person has said and in making that person feel that they have really been heard are the cornerstone of the consulting process.

Although situations and problems faced by the typical teacher consultant vary greatly in complexity, the essence of the seven-step problem solving process (Conoley & Conoley, 1982), previously discussed, remains the same. Through the systematic application of problem solving strategies, the consultant may not only be instrumental in resolving the immediate problem but may help the consultee to learn the process as well. Ideally, this skill will generalize, thus allowing the consultee to deal more effectively and possibly, independently with future problems (D'Zurilla & Goldfried, 1971).

Feedback, in the consulting relationship, is concerned with providing both the consultee and the consultant valuable information on their performance and/or how others may view them. Effective giving and receiving of feedback encourages the consultee to consider behavior change and increases the potential impact of the consultant. Feedback may be direct or indirect and often involves some degree of confrontation. The difference between direct and indirect feedback confrontations rests on the focus of the feedback. Direct confrontation places the site of the problem on the person. On the other hand, indirect confrontation places the problem on the issue that the problem represents. Although there are times and places when direct confrontation is appropriate, an effective consultant will severely limit its use. Even though Indirect confrontation involves great tact and more time, it is almost always a better choice. Bergan and Tombari (1976) reiterated that when feedback is a continuous process and not saved as a "last resort", it is more effective and better accepted.

The very nature of the consulting process implies that some type of change is desired and/or necessary within a given situation. As an integral part of an interpersonal relationship, the consultant influences the consultee in both direct and indirect ways. Systematic patterns of questioning, listening, and the use of general attending skills influence the consultee indirectly. Other skills may be used to attempt to influence the consultee directly. Ivey (1983) described eight specific influencing skills

on a continuum from low to high levels of influence: (1) influencing summary; (2) information/advice/instruction/opinion/suggestion; (3) self-disclosure; (4) feedback; (5) logical consequences; (6) directives; and (7) confrontation. The skillful use of interpersonal influencing in the consulting relationship can expedite problem solving and significantly increase the success of the consultation process. Central to the use of influencing skills is an understanding of the consultee's feelings, desires, and needs and a commitment to work toward meeting those needs.

Although it is essential that an educational consultant have extensive and broad-based knowledge in the field, an effective consultant possesses personal qualities that tend to enhance the consultation process. Desirable qualities and capabilities include (Bergan & Tombari, 1976): friendly, open and accepting, good with groups, non-threatening expertise, awareness of and sympathy toward the situations of the consultees, supportive, tactful, self-directed, flexible, efficient and organized, and good follow-up or follow-through skills. Consultees value positive, supportive consultants as much as or more than very knowledgeable but authoritarian experts. Conoley and Conoley (1982) state that good consultants and good teachers "are people who really like other people, who care, not in a primary way about some issue or position, but about the people with whom they seek to relate" (p.15).

Experts agree that appropriate training for consultants is essential and that a rather large number of prerequisite

skills are necessary for effective consultation (Gallessich, 1974; Dinkmeyer & Carlson, 1973). In reality, few consultants have had formal training and most consultants have acquired their skills through personal experimentation, reading, short-term workshops, part-time college course work, or a combination of these approaches (Brown, Wyne, Blackburn, and Powell (1979).

Basic consultant competency begins with a broad-base of essential teaching skills and a solid background in special education. Attaining credibility as a consultant requires the acquisition of many specialized abilities. Although a comprehensive list of needed competencies may appear overwhelming, these skills and abilities should be considered a personal goal to strive for, and not requirements to enter the field. (See Appendix C for a list of consultant skills).

The complex topic of consultant skills and competencies may be approached from three perspectives: (1) curriculum training areas for prospective consultants; (2) general professional skills and characteristics, and (3) specific competencies needed to facilitate the consultation process.

Foundation skills in consultative processes and in organizational diagnosis are a useful springboard for developing most of the broad competencies desired. Gallessich (1974) considered a working knowledge of the following consultation curricular topics to be primary concerns: (a) consultation models; (2) entry processes; (3) organizational psychology; (4) group processes; (5) team building; (6) ethics and evaluation; and (7) self-awareness.

In many cases, it appears that the educational consultation model is an extension and outgrowth of the resource room model. Pasanella and Volkmor (1981) stated that indirect services, provided through consultation, inservice, and the coordination of educational services, are a more expedient and effective method of bringing about long-term change in the quality of education of all students. The consultant's role may also be viewed as an extension of the resource teacher's position. In effect, the consultant is expected to combine all the basic proficiencies of a special education teacher with the specialized communication and process skills needed for consultation. A whole host of general and specialized professional skills, attitudes, and personality characteristics are widely accepted as necessary for success as a teacher consultant. Fundamental competencies include:

1. Expertise in informal assessment procedures and techniques including observation.
2. Knowledge and understanding of the dynamics of learning and remediation of specific school problems.
3. Expertise in design and implementation of instructional plans.
4. Knowledge in a wide variety of remedial and developmental instructional approaches.
5. Acquaintance with a wide variety of instructional materials.
6. Knowledge and application of behavior management techniques, procedures, and materials.

The increasing emphasis on accountability in education has highlighted the issue of role actualization. If an educator is to be held accountable for all aspects of his or her performance, it is crucial that each component of that position be clearly defined and understood. One of the most frequent complaints of teaching consultants surveyed (Haight & Molitor, 1983) was that they lacked a specific job description with prioritized responsibilities.

Although it is unrealistic to present one consultant job description as a model for all, it may be helpful to discuss areas of expertise that appear to be common expectations throughout the literature (Oliva, 1984, p.562; D'Alonzo & Wiseman, 1978).

Consultant Roles and Responsibilities:

- **A master teacher:** able to demonstrate good teaching as well as talk about it.
- **An expert on instruction:** knowledgeable about the latest and best methodology.
- **A curriculum specialist:** comprehensive understanding of a variety of subject areas and ways to adapt and improve curriculum.
- **A diagnostician:** competent in assessment procedures, interpretation, and observation.
- **A communicator:** a good listener; able to relate information and ideas to teachers; facilitates problem solving; good interviewing and conferencing skills.
- **A public and human relations person:** expert in working and communicating with colleagues, students,

administrators, parents, groups, and public organizations.

- **A behavior specialist:** an expert in designing programs for and in methods of working with students that are difficult to instruct and reach.
- **A coordinator:** seeks to achieve articulation between programs and levels, and helps teachers understand each other's problems.
- **A group leader:** knows how to work with groups and get the most out of the participants.
- **A stimulator:** suggests ideas for teachers to consider.
- **An organizer:** skillful in establishing various kinds of programs of value to teachers.
- **An evaluator:** helps teachers evaluate instruction, the curriculum, program changes, and themselves.
- **A change agent:** a catalyst for teachers to change and improve.
- **A researcher:** gathers pertinent data; familiar with materials and procedures, current research, trends and issues.
- **An administrator:** keeps records, reports, and arranges schedules involving self and others.
- **A trainer:** conducts in-service teacher training, new program orientation, implementation of new procedures; instructs consultees in the consultation process.
- **A technician:** competent use of both hardware and software.

It is apparent that the consultant should be prepared to

perform any number of role combinations and must be competent to meet an enormous array of job demands. (See Apendix D and E for specific consultation guidelines and adaptation procedures).

The success of a consultant obviously hinges on a large number of characteristics and behaviors. While many of these qualities and procedures come quite naturally, the inexperienced consultant must be encouraged to consciously develop, practice and improve his or her skills. Self-evaluation, at frequent intervals, will help consultants measure their effectiveness, judge personal progress and growth, and indicate areas of professional behavior in need of modification. Consultation is a human interaction, thus changing continually. A successful consultant will recognize his or her obligation to adapt and change as well.

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Appendix A

FIVE-STEP CONSULTATION PROCESS

CONSULTANT RESPONSIBILITY	COLLABORATIVELY ACCOMPLISHED	CONSULTEE RESPONSIBILITY
	STEP 1	
Listening skills; genuine concern	Establish a relationship; communicate openly; develop trust	Communicate openly
	STEP 2	
Gather more data	Diagnosis; identification of client problems & strengths; previous consultee interventions & other personnel knowledgeable of client; divide further data gathering responsibility	Gather more data
	STEP 3	
Enthusiasm; gather more data; goal setting	Awareness & motivation; acknowledge problem; willing to act	Self-evaluation; honest appraisal
	STEP 4	
Support consultee; intervene (if needed)	Problem-solving; discuss gathered data; jointly form intervention strategies & divide responsibilities in intervention plan	Intervene; record successes & failures
	STEP 5	
	Intervention; Implementation of alternatives; Evaluate effectiveness; Withdrawal	
Continue plan as is or with minor modifications	Repeat problem-solving process (Step 4); Revise Plan (if necessary) Implement new plan & re-evaluate	Suspend intervention and refer client to other resources

Adapted from Conoley & Conoley (1982); Overview of Consultation Sequence.

Appendix B

SEVEN STEPS IN PROBLEM SOLVING

Seven Steps To Problem Solving

1. **Problem Formulation/Identification**

   State the problem and set goals.

   What do we want to do?

2. **Brainstorming**

   Ideas to achieve goals; listening skill

   Follow rules of brainstorming; no judgements made about ideas presented.

3. **Evaluate Ideas**

   Narrow them down according to a set criteria, focus on each idea's pros and cons, prioritize, forecast consequences.

4. **Integrate**

   Ideas into a coherent plan of action.

   Develop strategy to implement ideas - What do/ How do/What look like/Work division - assign roles.

5. **Implement Plan**

   Go ahead and do your plan.

6. **Evaluate Outcomes**

   Strengths, weaknesses. Did we achieve our goal?

7. **Redo/Revise**

   Improve design if necessary, repeating all or part of plan.

   Answer questions...and clarify the plan.

Conoley, J.C. & Conoley, C.W., 1982. School consultation: A guide to practice and training. New York: Permagon Press.

Appendix C

SKILLS FOR CONSULTATION

1. Understand the decisive nature of behavior and develop skills of observation and interpretation that will facilitate problem solving.
2. Apply theories of learning to specific learning difficulties (disabilities) of students.
3. Understand and apply logical consequences and other corrective procedures for concerns presented by teachers and parents.
4. Demonstrate the ability to communicate effectively to develop effective helping relationships.
5. Demonstrate the basic group leadership competencies: structuring, universalizing, feedback, formulation of tentative hypotheses, encouraging, task setting, and commitment.
6. Understand management by objectives and be able to establish hierarchies, a plan for action, and assessment procedures needed for a systematic change.
7. Demonstrate effectiveness in individual teacher consultation.
8. Demonstrate competence in individual administrator consultation.
9. Develop and facilitate effective productive consultation groups with teachers (i.e. the consultation group collaborates, consults, clarifies, confronts, develops commitments, and is confidential).
10. Demonstrate knowledge and use processes and materials of the psychological or affective education programs in the classroom.

Adapted from: Dinkmeyer, D. & Carlson, J. (1977). "Consulting: Training counselors to work with teachers, parents, and administrators," Counselor Education and Supervision Journal, 16, 173-174.

Appendix D

Guidelines For Effective Consultation

* Do not attempt to be a consultant to every teacher.
* Be aware of the key people in the system and identify allies or potential allies.
* Identify a small number of teachers who are easy to work with and would be accepting of new approaches.
* Concentrated effort on receptive consultees is more likely to result in success. Initial success with a limited number of teachers will help spread acceptance of the consultation model.
* If the consultee is to be expected to modify his or her behavior, the consultant must first be willing to make similar behavior modifications.
* Establish rapport and practice "good politics".
* Express an attitude of friendliness. Make it a point to say something positive about the teacher, the classroom, etc.
* Recognize the consultee's freedom to accept or reject any conclusions or recommendations made by the consultant. This will increase the likelihood that solutions, acceptable to the consultee, will be developed and that consultation efforts will be successful.
* Acknowledge openly the skills held by the regular classroom teacher.
* Emphasize the joint responsibility shared by the consultant and the consultee.
* Minimize the importance of the consultant's role; maximize the importance of the consultee's role.
* Emphasize the consultation process as a collaborative effort between professional colleagues.
* Be honest, yet tactful.
* Be objective and remember that there are no "cure-all" techniques that will work for all teachers in all situations.
* Realize and remain empathetic toward the problems of the regular classroom teacher.
* Do something early that will be perceived as helpful or useful, such as providing a pertinent article, pamphlet, or technique.

- Be a good listener. Show that you understand the consultee and ask questions if you don't.

- Establish realistic expectations. Don't oversell yourself and don't present yourself as a miracle worker.

- Don't set your expectations too low. As you build your own knowledge, you can help consultees to see and experience the benefits of change.

- Build an open relationship based on two-way communication. Share ideas and solutions.

- Minimize any possible perception of threat to the consultee.

- Implement the steps of the problem-solving sequence:

    1. Define the problem.

    2. Analyze the problem.

    3. Suggest solutions.

    4. Establish criteria for accepting a solution.

    5. Select a solution and intervene.

- Only select one or two things to begin changing. Avoid over-diagnosing.

- Ask mainly objective, not personal questions.

- Discuss problems by discussing the client, not the consultee.

- Do not allow the consultee's anxiety or strong emotional reactions over a case to dictate or control your reactions, as the consultant.

- Use tactful but prompt interruptions if the consultee begins to disclose too much personal information.

- Generate several alternative solutions. Attempt to use the solution that is the most practical and suits the specific classroom and teacher best.

- Adjust suggestions according to the atmosphere of a particular classroom situation.

- Identify goals and priorities.

- Keep a daily calendar handy at all times. Put only priority activities on your calendar. Try to leave an unscheduled hour for emergencies.

- Make a daily list of what you have to do, in order of importance and/or time of day. Keep the list under fifteen items and check them off as accomplished.

- Arrange your time so that you can concentrate on one thing at a time, even if its only for a short period of time. Try to minimize distractions.

- Set up and use memory systems, such as filing systems, charts, manuals, logs, and memos, effectively.

- Attempt to see activities and consulting relationships through to closure. Useful techniques include summarization, decision-making, tabling, delegation, and termination.

- Continue to reinforce the teachers knowledge, skills, and efforts throughout the consultation relationship.

- Continue to show interest and be available for necessary follow-up.

Adapted from: Dinkmeyer, D., & Carlson, J. (1977). Consulting: Facilitating human potential and change process. Columbus, OH: Charles E. Merrill; Nickelson, D.J., & Davis, J.L. (1977). A consultation model for the school counselor. The School Counselor, 25 (2) 98-103; Conoley, J.C., & C.W. (1982). School consultation: A guide to practice and training. New York: Pergamon Press; Pasanella, A.L., & Volkmor, C.B. (1981). Teaching handicapped students in the mainstream. Columbus, OH: Charles E. Merrill; Jung, C., Howard, R., Emory, R., & Pino, R. (1972). Interpersonal communications: Leader's manual. Portland, OR: Northwest Regional Educational Laboratory.

Appendix E

TEN STRATEGIES FOR ADAPTING INSTRUCTION

Materials and Activities:

1. Clarify task directions
2. Add prompts
3. Teach to specific student errors

Teaching Procedures:

4. Give additional presentation of skills and information
5. Provide additional guided practice
6. Make consequences for successful performance more attractive
7. Slow the pace of instruction

Task Requirements:

8. Change the criteria for successful performance
9. Change task characteristics
10. Break tasks into smaller subtasks

FOURTEEN GUIDELINES FOR ADAPTING INSTRUCTION

1. Break objectives into small tasks that are manageable for the student.

2. Make certain that directions are clearly understood.

3. Reduce the length of assignments. Provide several shorter assignment on the subject or concept and use a variety of materials.

4. Provide frequent opportunities for a change of pace for students with short attention spans. Allow these students to move, pass out paper, run errands, etc.

5. Specify and discuss class rules. Implement a behavior management system. Select appropriate rewards and be consistent about enforcing consequences.

6. Establish structure and routine. Allow student to check off work that is completed. Provide self-correcting materials or self-checking keys.

7. Provide concrete, practical experiences. Allow many opportunities to practice new skills in a variety of ways.

8. Keep looking for the best instructional technique/s to suit a child's learning style.

9. Help students increase short attention spans by creating a quiet place to work that is free of distractions.

10. Use peer tutors.

11. Allow the student experiencing difficulty to tutor younger students.

12. Do not underestimate the student.

13. Use a learning contract to help the student stick to tasks.

14. Seek additional information from publications and organizations for the learning handicapped.

For additional information and specific adaptation strategies that may be useful, consult <u>Adapting Instruction for the Mainstream</u> by Judy W. Wood.